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ABSTRACT

A study evaluated the Speech-Language Program in school district #68, Nanaimo, British Columbia, Canada. An external evaluator visited the district and spent 4 consecutive days in observing speech-language pathologists (SLPs), interviewing teachers, parents, administrators, and examining records. Results indicated an extremely positive response to service by six stakeholders groups and a consistent appeal by all involved for more than minimal service. There is a considerable documented unmet need for service by communicatively impaired children. There is also agreement by all involved that current service is spread too far and stretched too thin. Recommendations include: serve fewer students better; clearly state program mandate; document current unmet need; address unmet need; and clearly define operational procedures. (Contains 56 references. An excerpt from the British Columbia Ministry of Education's manual of policies, procedures, and guidelines on speech pathology; and a role description of speech and language pathologists are attached.) (RS)

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ED 410 611

Submission to the

BOARD OF SCHOOL TRUSTEES
SCHOOL DISTRICT NO. 68
Nanaimo, B.C.

SPEECH-LANGUAGE PROGRAM REVIEW

EXTERNAL REPORT

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by

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Registered Speech-Language Pathologist
External Evaluator

February, 1993

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Registered Speech-Language Pathologist
External Evaluator

February, 1993

Jo Nussbaum is a certified and registered speech-language pathologist. She has spent the last 20 years working with the communicatively impaired of all ages and all disorder types. She has worked as a clinician and as a faculty member of university training programs.

She completed her M.A. degree and clinical training at Indiana University and her Clinical Fellowship Year at Community Hospital of Indianapolis where she worked primarily with adult patients with neurological deficits resulting in speech and language impairment. She has taught undergraduate and graduate students and supervised student training at the University of Texas at Austin and the University of British Columbia. She has worked for twelve years with school-aged children in B.C. public schools, where she continues to supervise student practicum training as a U.B.C. Clinical Assistant Professor.

Her area of clinical specialty is child language disorders and language/learning disabilities, particularly language disorder and literacy learning in children. She has presented numerous talks and workshops on literacy and language disordered children in B.C. and nationally. She recently received the Honours of the Association Award for 1990 from the B.C. Association of Speech-Language Pathologists and Audiologists for "exemplary clinical practice," "breadth and currency of her knowledge," and "directly influenc(ing) the teaching and clinical practices of many teachers and speech-language pathologists in British Columbia."

EXTERNAL EVALUATION REPORT

Speech-language Pathology Services
School District # 68, Nanaimo, B.C.
1992-93

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I. SPEECH-LANGUAGE PROGRAM REVIEW PROCESS

Initial consultation

An initial one-day visit and planning session was held by the external evaluator, the district's speech-language pathologists (hereafter SLPs) and the Assistant Supertendent, Special Services, in February, 1991. At that time, the district SLPs provided background information according to a jointly determined agenda, and the evaluator provided information on the evaluation process. A plan was agreed upon for the internal and external evaluation phases. It was clarified that this was a program review, not personnel evaluation.

Internal review and report

A subsequent labour dispute in the district critically delayed the internal phase to the following year. This was completed in spring, 1992, and the external phase was conducted in the fall of 1992, with the site visit in October.

The internal program review process and results are described in the Internal Program Review Report (please see separate document). The Internal Report contains a great deal of useful and important information regarding SLP services in S.D. 68. Particularly helpful are the 147 questionnaire responses from six stakeholder groups involved in SLP services.

The district SLPs must be commended for the enormous amount of work they did to carry out the internal review of the services they deliver and for their commitment to the process.

The internal review process included the following work by the SLPs:

- historical information on district SLP services
- description of current SLP services
- compilation of current service data
- completion of Ministry of Education SLP Program Evaluation document by each SLP individually
- construction, compilation, distribution and analysis of questionnaires to teachers, administrators, parents, children and colleagues regarding SLP services
- writing the internal report
- revising the report
- providing current schedules, caseloads, data and arranging interview appointments for the external site visit

External response

The initial draft of the Internal Report was submitted to the external evaluator in the summer, 1992, and recommendations were made for further action and revisions. The revised report was

provided to the external evaluator prior to and in preparation for the site visit to the district.

External site visit

The external evaluator spent four consecutive days in the district in October to observe SLP services first hand, to interview teachers, parents, and administrators, and to examine records. A follow-up meeting was held with the SLP staff and a second meeting with the Director of Special Services. All staff were extremely helpful in facilitating this visit.

Because service delivery issues were paramount, the review, in the end, did not include evaluation of intervention effectiveness (treatment outcomes) specifically. This could be better done once service delivery has been addressed.

During the visit, each SLP was observed working with children, parents and teachers on their regular schedules. In addition, interviews with parents, classroom and learning resource teachers, and administrative officers were held in those schools visited. A total of 20 interviews were conducted: 6 with A.O.s; 4 with CRTs; 7 with LATs; 2 with TAs; 1 with parents. Each person was asked four questions:

"What has been your experience with SLP services in S.D.68?"
"What is good about the service?"
"What is negative about the service?"
"What suggestions do you have for improving service?"

Persons to interview and records to review were selected by the evaluator randomly from lists of children served. The evaluator was provided with all original questionnaires returned by the six stakeholder groups.

Following all observations, a meeting with SLP staff was held to discuss the visit and possible solutions to concerns.

External report

This report has been written based on the above. From the beginning, the review was intended to be a positive and constructive process, aimed at examining current service and recommending positive changes for improvement in areas of concern.

Each area of strength and concern is addressed, both in terms of current status in S.D. 68 and in terms of how things might be changed. Such changes are based on the professional literature and the evaluator's 22-year professional experience.

II. PROGRAM OVERVIEW (see Internal Report for more complete

description)

School District #68 currently has a total school population of 15,224 pupils from year one to grade 12. There are 47 schools (34 elementary and 13 secondary and alternate) in the district. These are currently served by 4.8 SLP positions staffed by 6 people (Sept.-Jan.); when a seventh person returns from leave in January, the FTE will return to 5.5. There were 6.0 FTEs from 1989-1991, but then a reduction of .5 FTE in 1991-92-93.

Ministry of Education funding for SLP services is provided to school districts as part of the Special Health Services fiscal framework. (see attached) One personnel unit ($59,430) is provided for every 1700 students. Physio- and occupational therapy consultation may also be provided within this framework (see section III below for further funding information).

The current model of service is comprehensive: it includes referral of any child in the district if a communication impairment is suspected; evaluation; direct and consultative intervention service; inservice to teaching staff.

Service is provided on an itinerant basis, each SLP serving a certain number of schools on a regular schedule.

Children are seen in their own schools, in whatever space might be available at the time the SLP is there. Children are seen mostly individually, but sometimes in their classrooms.

SLPs confer with a child's teacher as time allows. They are sometimes included in school-based teams (SBTs).

The SLPs share office space in a portable located behind the Student Support Services building on Selby St. and share testing and instructional materials kept there.

III. OUTCOMES OF REVIEW

A. Program strengths

1. Commitment of staff

It was clear to the external evaluator that the SLP staff as a group and individually exhibit professional commitment to the SLP program in S.D.68. They are trying very hard to meet the needs of communicatively impaired children in the school district. They are interested in their work, highly committed to it, enjoy the profession, yet some are frustrated to the point of burnout by the unchanging enormity of the perceived mandate.

Both in the questionnaires and interviews, school staff and parents

commented on the commitment of SLPs to their work.

"I'm certainly impressed with the service. I'm certainly impressed with the dedication the [SLP] individuals have....the SLPs are committed." (A.O.)

2. Qualifications of staff

All SLPs employed by S.D. 68 have the professionally recognized minimum training requirement of the masters degree. Many have significant experience, much of it in S.D. 68. All are active in both giving and attending professional development events.

3. Very positive response to service by recipients

Both in the questionnaires and in interviews with the external evaluator, response to the SLP service being provided was extremely positive. The two primary messages, above all others, were that the service is very high quality and very helpful, but that it is too little and too thinly spread to meet the needs of children and their teachers.

"Yes, definitely pleased with it [SLP service]. He's made incredible improvement once in school, less so as a preschooler....No suggestions for improvement, very pleased....He really looked forward to SLP sessions, he had a real bond with [SLP]." (parent)

"The SLP is very willing to share, provides good background information, excellent information, help with home, the TA assistance, printed information."
"Valuable diagnostic information, very helpful in that area."
"Very willing to come in and take part." (LAT)

"I've got a lot of admiration for what they're doing."
The positive? "Regular attention to kids needing service. It's regular and consistent. The SLP takes active part in the SBT, brings her perspective, not only speech but also language disorders; appreciate her input there as well." (AO)

"I'm very pleased with all the service whenever it's been necessary." (CRT)

"Very pleased with all the SLPs." (LAT)

"Very valuable member of the team -- need more of them."
"I've found the SLPs to be totally professional, really top notch." (LAT/RRT)

4. Staff attempts at altering service to better meet needs of

children

SLP staff are painfully aware of not being able to meet the mandate they believe they are responsible for meeting (described in Internal Report). As a result, they have tried a number of changes to how service is delivered in attempts to improve it (block system, zone system, varied amounts of fixed schedule, re-referring children anew in September, et. al.).

While such changes may help alleviate one problem, they may create others. E.g., rotating on a block system provides closer to adequate service to those children while the SLP is there, but leaves them almost no service when the SLP moves on.

"SLPs are always short-staffed, so they're always re-assessing what they do. Decide on a model, stay with it; communicate better what it is and how it works." (AO)

"Great service, but the block system is a problem." (LAT)

"Last year we had the block system, so a long period without input, even though available by phone." (CRT)

"The block system last year was a disaster. When service stops, there's a lull." (TA)

5. Diverse strengths, specialty interests among staff

One way of dealing with an impossible mandate is to carve out a workable piece of the task with which one can make a difference. The SLP staff demonstrate varied specialty interests in terms of target children and style of intervention (from half-hour articulation therapy sessions to whole-class presentations on "communication breakdown"). If these specialty interests could be shared among staff, there could be more similar service available to those children and teachers served across the district. They must also agree on a priority target and what kind of activity has the biggest positive impact for a given child.

6. Relative autonomy of staff to make professional decisions

According to the Director of Student Support Services, the SLP staff have relatively high autonomy regarding referral priorities, caseload numbers, etc. This should be the case regarding such professional decisions. Even so, staff feel pressed to take on more than can be adequately managed over time.

B. Areas needing attention

1. Unmet need

The whole issue of adequate staffing levels of SLPs to meet the needs of communicatively impaired children in B.C. (and Canada) is troublesome. Overall, many school districts in the late 1970s and early 1980s hired a token number of SLPs and the level has not changed significantly since in many districts.

Why is it so difficult to get an adequate increase? We have statistics for how many children are in need. We know how many children one SLP can serve. We have many more Learning Assistance Teachers, for example, in a district, usually one serving each school. Why are SLPs viewed as breakers of loaves and fish?

The answer is probably both historic/perceptual and, ultimately, economic. Historically the field of SLP has been considered a medical domain, with the view that one professional can see and "treat" large numbers, "cure" many of them, and move on to others. Therefore, two or three of these "fixers" are hired to travel around from school to school with a trunk full of materials and do magic for an hour here, an hour there.

This kind of medical model was reinforced for some time by the Ministry of Health which affected funding and expectations. A subsequent battle between MOE and MOH for control over setting need levels and nature of service dominated energies in B.C. for more than a decade. Ultimately, in 1990, the MOE enhanced the **minimum** level of ministry funding for Special Health Services (Function 3.13) which covers comprehensive speech-language services and consultative services for P.T. and O.T. to a ratio of 1:1700 staff:students. Some districts supplement this figure to achieve a better ratio, some use this funding for other purposes.

While the role of speech-language service in schools has now been more appropriately defined, demonstrated and accepted (see Nussbaum, J. (1991) Communication Disorders Program: Speech-Language Services in a School District), the general economic climate now seems to prevent any accompanying change in staff:child ratios to accomplish that role.

So it sounds radical to suggest a realistic staff level, because most SLPs in the province have been trying to deliver comprehensive services despite the impossible numbers. Therefore, it is typical to have hundreds of referrals on waiting lists, dizzying weekly schedules, inadequate follow-up and consultation, and a frustrating lack of working together with school-based teams and parents to help the child communicate and succeed in school.

At a time when teachers feel the need for smaller classes so they can adequately manage a new curriculum, integration of special needs children and the many varied needs of all children, it is difficult, perhaps, to add more SLPs to a district. Yet this is

just the kind of support and expertise that these same teachers now especially need.

When four or five SLPs are given the mandate to serve the communicatively impaired children among 15,224 pupils, they are bound to come up with creative ways, over time, to attempt this feat: block system, creative scheduling, treat whole classes instead of individuals, consult instead of teach, inservice teachers. But the bottom line is: one SLP can provide only so much service to so many children/parents/teachers. The choices are two: either have enough SLPs to meet the demonstrated need, or narrow the mandate for service. That is, select some needs to meet and others not to meet.

We are talking about a preventive service to children. If we don't help them succeed as communicators and as learners, the costs will certainly be greater when they leave school.

Data

In S.D. 68, some unmet needs of children with communication disorders are well documented. Most SLP service is provided to children at the primary school level (86%), while very little is accessible to intermediate children (12%), and almost none to students in the upper grades (2%).

As a matter of district policy, older students with communication disorders have not been identified to receive service, due to the historic SLP staffing level. This means that many students are not even considered for referral.

The professional literature clearly shows that a large majority of communication disorders do not "go away" and continue to interfere with school learning throughout school (Wallach and Butler, 1984, Aram & Nation, 1984, Strominger & Bashir, 1977).

Two Canadian studies of prevalence of significant communication disorders among school children have indicated figures of 8% (Alexander, 1988) and 9% (Beitchman, et.al. 1986).

Although one cannot compare apples and oranges, it may be helpful to consider what others have recommended. Service levels recommended for slp in schools by the Georgia State Department of Education, U.S., in 1980 were: 1:2000 minimum, 1:1500 adequate, 1:1000 most effective.

Currently, SLP service is being provided to less than 2% of the School District #68 population (active caseload = 1.66%). Ministry funding is supposed to "meet the needs of approximately 2% of the school population." (Ministry Special Programs Manual; see appendix) That Ministry funding level could provide for as many as nine speech-language FTE positions to serve a total of 300

children. A conservative figure of 5% would indicate 760 children in need of service in the district. (Please see Section 2 below for further S.D. #68 figures regarding service being provided and unmet need.)

In S.D. #68, unmet needs of children was a main theme in questionnaire responses. The primary responses of the 147 questionnaires completed by recipients of SLP service (see Internal Report) were (1) the service being provided is very good, (2) more staff/time is needed to meet the need, (3) adequate workspace is needed.

The SLPs "use their time very effectively and efficiently. More time and more consistent time is needed." (CRT)

The ideal? "The SLP here all the time!" (AO)

Needed? "More money, more time."
"SLPs are very agreeable, flexible, courteous."
"Good at communicating with teachers."
"More parent contact would be nice."
"SLP could assist LAT more." (AO)

What's good? "The people, their rapport with kids. The only problem is money." (CRT)

What's needed? "Time. Even consultation is squeezed in, ten minutes in the hall -- that's just not adequate."
Recommend? "More of a team approach -- the CRT, LAT and SLP having time as a team to work out a child's program." (LAT)

SLPs "are always short-staffed, so they're always reassessing what they do." "Lesser needs are not met." (AO)

#1 gripe? "Continuity of service...i.e. money."
"Need to consult with teachers about their needs." (LAT)

The negative? "At this school the only negative is we would like to be able to give more service for children. Parents press for service. Parents sometimes wonder about priorities, teachers also." (AO)

"Need more service, more time."
"Lack of facilities." (AO)

"Not enough contact, spread too thin."
"Funding, of course."
Wish? "SLPs could become classroom or resource room based and do more team teaching and working together with LATs, RRTs, and CRTs." (LAT/RRT)

"Too thinly stretched. Problem of space to work. Problem of not

enough time or overlap time to work with LAT with kids." (LAT)

"I'd really like to know what they did, but there's no time to talk or show. We need more of them."
"Classroom teachers ask, 'Why have us refer if they can't see them?" (LAT/RRT)

"Need more SLPs -- they're great."
"Parents really appreciate service."
"SLP is part of the SBT, really valuable input, valuable role." (AO)

2. Mandate for SLP staff

Given the above as background, current service delivery in S.D. 68 is problematic because the service model is so comprehensive. It is professionally sound, but presupposes a much larger staff of SLPs. There is significant frustration among staff from the pressure of not being able to see all the children needing professional help to communicate and succeed with learning.

Several aspects of service and program operation relate to mandate.

- program model too comprehensive given staff level

According to the Internal Report, "The speech-language program is concerned with the identification, prevention and remediation of communication disorders and with the development of communicative competence in school-aged children, K-12." (p.1)

This is an enormously broad mandate.

SLP staff are trying to deliver comprehensive services across the district, excluding most of the secondary students. This means referral, evaluation, program development, individual direct instruction, consultation, team meetings, reports, record-keeping, correspondence, and parent involvement.

Yet the SLPs have an average active caseload of 40 children each (range from 26 to 68), plus providing 8.5 children each with home programs or monitoring, six children per SLP who are currently being assessed, all located across some 43 schools. Each has an average of 54 referrals per year. Of the 297 referrals in the past year, 21 remain on a waiting list for either assessment or intervention.

If a single referral requires five hours on average for evaluation, evaluations alone would require 200 hours for the 40 children being seen per year, or 29 days per SLP.

A program delivery unit for one child per week would include

program development, direct instruction, SBT meeting, classroom assistance, parent contact, record-keeping, and travel. Such a unit might require 2-3 hours per week. Given a 35-hour week (excluding lunch), this allows for this type of service delivery to 12-17 children per week.

- SLPs spread too thin -- can't say no

Although the SLP staff apparently have due professional autonomy regarding caseload selection and time use, they, in fact, find it hard to "say no" to referrals requesting service. As a result, as many as from 5-14 children are seen per day by a single SLP, from 26 to 68 per week, with the SLP racing to as many as eight schools each week. Clearly, some parts of the above described unit cannot be done for every child.

- referral process too broad, target population unclear

According to the Internal Report, "it responds to any and all referrals from any school or student." (p.1) The SLP program receives approximately 300 referrals per year.

A helpful way of both ensuring appropriate referrals which are easy to prioritize while at the same time inservicing teachers about communication disorders, is to provide referring sources with **criteria for referring** children.

This does not mean preventing referrals, it means clarifying which children should be referred. It also involves the referring person more in the process of providing service, because s/he must help clarify what it is about the child's communication need that is of concern. This provides more information to the SLP and can replace the district's "pre-referral peeks" by the SLP.

It helps make all referrals real referrals with substance and eliminates the "just-have-a-look" requests which can be time-consuming and not very useful to anyone.

In interviews with the evaluator, it was apparent that classroom teachers frequently do not share ownership of the needed service, but rather refer as if SLP service is external to the classroom program and her/his work with the child. The "take-him/her-away-and-fix-it " model of referring.

This unhelpful view is perpetuated by lack of real teacher involvement in the referral process and lack of working with the SLP.

- prioritizing process unclear, unstandardized

There are several issues relating to prioritization of referrals and caseload.

So long as there are unmet needs of children with communication impairment, some system of prioritizing children is necessary. The 253 children being seen at the time of the review had not been selected according to a prioritization system.

When a priority rating was applied by staff **after selection** (using Nussbaum, 1991, criteria), 27% were rated priority I (range from 2 to 25), 48% priority II (range from 11 to 33), and 25% priority III (range from 2 to 24).

(Note: priority does not equal severity, but rather a combination of indicators of interference with education and social-emotional growth)

It seemed to the evaluator that staff differed somewhat in their application of the priority criteria. They indicated they had, indeed, had difficulty agreeing on the priority ratings.

Nevertheless, the general pattern of children selected to receive service is of some concern when resources are so limited. If 1% of the district population were priority one children, this would equal 152 children, but currently only 67 children being seen are rated priority I and 64 are rated priority III.

Given the staff:child ratio that exists, it seems critical to come to an agreed upon system for prioritizing caseloads across the district, so that resources are directed to this agreed upon target.

Perhaps only priority I children can be seen. What circumstances could justify seeing priority III children instead of priority I children? Perhaps a different definition of priority is preferred by the SLP staff, e.g. one that emphasizes potential academic achievement rather than need for relief from personal suffering due to frustration with communication. Defining priority is a professional value judgment.

- program goals not stated

There is a definite need for clearly stated program goals (there are no stated goals in the Internal Report). This would facilitate referral criteria, prioritization decisions, type of service provided, time use, involvement of other people in service delivery, etc.

Such program goals give both direction and restriction to what staff try to provide. It also provides a means of measuring success each year. It helps communicate to school staffs what the aim of service is. It helps SLP staff know when to say no. When there is any question among staff about demands for service, they have a guideline to refer to. (see Nussbaum, 1991, e.g.).

- definition of SLP service per child unclear

What SLP service to a given child entails needs to be better stated.

The description of service in the Internal Report leaves questions about procedures for referral, evaluation, selection and intervention.

These all need to be more clearly described in order to narrow the service mandate, but also to help standardize service across the district more.

How much time is needed per unit of service per child, including non-direct service?

The Internal Report, observations and interviews indicate that this description of what is provided to each child receiving service is absent.

- involvement of others in child's program minimal, difficult to fit in

If 8 to 14 children are seen by one SLP in one day, it is not surprising that there is little or no time to talk with classroom teachers, LATs, parents or aides about how things are going or to demonstrate or make suggestions, or coordinate the SLP program with the classroom program.

While some SLPs are involved in school-based teams in some schools some of the time, many children's SLP service does not appear to be part of a team plan for the child's overall school experience. Rather, it remains somewhat external to the classroom program.

This lack of more involvement in the child's general school program and thereby with the child's teachers promotes the more medical fix-it perception of SLP service.

- directly assisting child in classroom rare

Most intervention is individual and pull-out. It is a gradual process for SLPs to become more involved in helping the child in the classroom, it requires time and flexibility.

To really have a significant impact, the SLP needs to spend some time with the child in the usual classroom routine -- what are the demands, what help does he need, what strategies? Pull-out can be used for individual instruction, to teach strategies, assess, help with classroom work. This kind of service is best for all, but it takes time. The current service delivery does not allow for it.

- time utilization per child unclear

How much time is needed to provide SLP service to one child needs to be more carefully described. Current schedules show direct contact time, but not always all the additional service tasks necessary for each child (talk with teacher, observe in classroom, assist in classroom, consult with TA, demonstrate for classroom teacher, LAT, parent).

3. Inadequate facilities

Again, a historical perspective. When SLP services were quickly established in the late 1970s in schools in B.C., "pioneer" SLPs took on itinerant jobs and worked with children in whatever space was not occupied at the moment (book room, paper room, medical room, principal's office, A-V equipment room, hallway, storage room). Accompanying these settings often are inadequate furniture, light, heat, quiet, privacy, visual aids, and decor. This has not changed much in most schools.

Such educationally unsound settings for sensitive work with fragile children, their parents and teachers, further diminishes the effectiveness of the service that is provided.

In S.D. 68, "educationally sound" space for SLP service is often not available. SLPs often cannot rely on space being available when they arrive, on schedule, at a school; the space is not conducive to what they need to do.

The current central group office space for the SLP staff, their materials and files is essential and should be maintained. Having a common workspace helps provide for colleague support, sharing, joint learning, and coordination of services.

4. Support programs uneven, absent --involvement of classroom teacher, LAT, aide, parent, peers

Meaningful service to a communicatively impaired child in most cases does not consist of one half-hour pull-out session a week with the SLP. To be reasonably effective, techniques need to be demonstrated to significant others in the child's life for full-time follow-up interactions. In addition, the child's school

program needs to be modified to meet the child's communication needs and the child assisted in the classroom to participate and succeed. Follow-up at home is also critical.

Such service requires team planning (parent, teachers, SLP, etc.) and regular meeting to implement, review and revise.

5. Utilization of staff

- temporary staff reduction (staff on leave)

  Given an already understaffed situation, it is very problematic for remaining staff to pick up the slack if a colleague is away temporarily. Instead, if there are fewer SLPs, then fewer children can be served.

- standardization of mandate across staff

  It would help improve credibility to provide more similar service across the district. There is fairly wide variation in intervention service from one SLP to another. While individual discretion is important to a degree, there should be some predictability of expectation from one school to another. Staff should inservice each other, shadow each other, convince each other of the value of what each does, then formulate a **minimum** hybrid generic all can agree with.

- staff specialization

  Some staff have particular experience with certain types of disorders or approaches; these should be shared more formally with colleagues.

- SLP administrative needs

  Of necessity there are certain basic administrative activities which must be carried out by SLP staff in order for services to be coordinated, effective and efficient.

  Currently some SLPs (particularly one) take on gratis many duties which are necessary for the program to hang together, but are not provided for structurally or financially. These include coordinating SLP staff to resolve department matters (e.g. service delivery matters, ongoing operational issues, budget, providing inservice to school district staff and parents, record-keeping and data issues, etc.), program development, annual program goals and review, as well as departmental external communications, and currently co-ordinating this extensive internal and external program review.

Some regular workday time needs to be designated and recognized as SLP program administrative time. The responsibility for this task could perhaps be rotated among staff from year to year. This could be very facilitating.

It cannot be expected by the district that somehow someone will automatically add these responsibilities onto an already packed daily load. It will become too stressful and ultimately not be done, at the expense of the service provided to children.

6. Allocation of Funding

The Ministry funding formula of one Health Personnel Unit for every 1700 students at a unit value of $59,430 provides S.D. #68 with nine personnel units or a fiscal framework funding amount of $532,137. Yet the total budget submitted to the Ministry of Education for Special Health Services this year was $454,320. The current 5.5 SLP FTEs, at the Ministry unit rate, would represent a cost of $326,865. It is the evaluator's understanding that $35,000 has gone to Child Development Centre O.T. assessment services.

It is not clear to the evaluator from the figures provided why more funding from the Ministry amount is not going to SLP services. It is also not clear to me how the total funding amount, budget submitted and SLP staffing level figures relate to each other.

IV. SUMMARY AND RECOMMENDATIONS

The review of the SLP program in S.D 68 has been extensive and thorough. The process has been a positive one, with very serious and committed people looking at very serious concerns. The review indicates an extremely positive response to service by six stakeholder groups, while, at the same time, a consistent appeal by all involved for more than minimal service.

There is considerable documented unmet need for service by communicatively impaired children. There is also agreement by all involved that current service is spread too far and stretched too thin.

There is an urgent need for significant change in how the current SLP staff deliver what kind of service. Then there is a district need to decide either to meet the unserved children's needs or officially decide not to meet those needs.

In the current difficult financial situation for school districts in B.C., recommendations for increased staff of any kind may be dismissed out of hand. Nevertheless, this evaluation of services was mandated by the Board and an honest report on that evaluation is being made. The issue of staff and service levels are central

to this review and critical to any effort to meet children's needs. The issue has to be addressed.

Funding information provided by the district indicate Ministry minimum funding allows for nine personnel units to provide comprehensive speech-language services and consultative services for P.T. and O.T. The funding figures suggest that more Ministry funding is allocated for and could be used to provided SLP services to children.

The primary areas of concern are: (1) unmet needs of communicatively disordered children (both those being seen and not being seen); (2) too broad a current service mandate for staffing level; and (3) below standard facilities.

Some of these concerns can be addressed by the SLP staff and the Director of Student Support Services, and more detailed recommendations for changes have been made in an auxiliary report to them. The larger issues of unmet need and service mandate should be addressed at a district level.

I would argue rather vehemently that it is time for SLP no longer to be considered a luxury service. Communication is basic.

Based on all the above, the following recommendations are made.

A. Short term (by June, 1993)

1. Use at least Ministry minimum funding level for SLP services
2. Narrow the scope of service to match mandate to staffing level capacity -- serve fewer better
3. Clearly state program mandate, goals and priorities
4. Specify a time pie for unit of service
5. Designate administrative time within one SLP's work week
6. Document current unmet need ongoingly
7. SLPs implement further operational recommendations of external evaluator (separate report to SLP staff)
8. Establish a working plan and monitoring dates for above.

B. Long term (by 1996)

1. Address unmet need -- staff, facilities
   a. meet the need
      - employ 9.5 additional SLP FTEs
      - provide educationally sound instructional space for SLP service in schools (minimal standards or no service)
      - maintain central SLP office facility

   or b. decide not to meet all the need and acknowledge this officially

2. In either case, the mandate per SLP must be narrowed. Clearly define the mandate and the operational procedures.

I would be happy to comment further re any part of this review or reports or answer any questions regarding them.

I have enjoyed being part of this review, and compliment S.D. #68 for undertaking such a review process, one that has not typically been done in school systems in B.C.

I hope a way can be found to better meet the SLP needs of more communicatively disordered children in S.D. #68. This is a chance for the district to be a leader in this area.

Respectfully submitted,

Jo Nussbaum, M.A., S-LP(C)
Registered Speech-Language Pathologist
Speech-Language Program External Evaluator

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3.13 SPECIAL HEALTH SERVICES

SPEECH PATHOLOGY

3.13.1 DEFINITION

The speech and language disorders program is designed to provide services to those children whose speech and/or language problems have a significant effect on their educational and/or social progress within the educational system.

Estimates of the prevalence of speech and language disorders in school-aged children vary considerably and these disorders may be classified from mild to severe. Current funding provides a service level to meet the needs of approximately 2% of the school population.

While speech and language difficulties may occur in relative isolation they are often associated with other disabilities, including mental retardation, learning disability, hearing impairment, autism and physical handicap(s). Although not all children with these disorders will require intervention by a speech/language pathologist, cooperation among professionals, through team-based management, is desirable to ensure that coordinated and comprehensive services are provided for every child.

Children whose first language is other than English, and whose second language proficiency is not equal to their peers, are not considered to be the responsibility of the speech/language pathologist. However, children with emerging English language skills may have specific communicative disorders that warrant intervention.

3.13.2 IDENTIFICATION

Every student who is considered to have speech and/or language that is unusual or abnormal and for whom a satisfactory diagnosis has not been made, should be called to the attention of the speech-language pathologist. School districts are encouraged to establish a school-based team in each school. Referrals to the speech-language pathologist should be made through this team.

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3.13.3 PROGRAM

Each district should document program goals and objectives, operating procedures and reporting/record keeping systems for use in planning, management and evaluation.

Programs should reflect a full range of services including identification, assessment, treatment, consultation, inservice and public education. Service priorities should be documented and reflect considerations of type of disorder, severity, prognosis, age of student, etc.

An effort should be made to closely coordinate the remediation of speech and language disorders within the child's total educational program. Parents should be informed of assessment results and plans for intervention, and should be guided in their participation through the remedial process.

In some cases the speech-language pathologist may be the most appropriate individual to coordinate the design of an individual education plan with involvement of the parents, teacher and other special educators or specialists. At times, however, the speech/language pathologist may play an assisting or consulting role to other educators who have the case management responsibility. The respective roles in each case are best established through school-based teams.

3.13.4 SERVICE DELIVERY

School districts will continue to have a choice of three options as to the method of service delivery:

1. Contract between the Board of School Trustees and a certified Speech/Language Pathologist.

2. Contract between the Ministry of Health, Division of Speech and Hearing and the local Board of School Trustees as set forth in Part V of the School Act (1-3).

3. Contract between the Board of School Trustees and an individual who will assume responsibility for delivering the program. In this instance districts will continue to be responsible for ensuring that staff members are qualified speech/language pathologists.

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Service delivery and scheduling models may vary in accordance with district priorities, student enrolment, climate, distance, staff size and the availability of other support programs and personnel. Provisions may be made for school/"clinic" based service, itinerant programming, or a combination of the two. Some districts may emphasize direct intervention with children, while others may choose a model where more time is spent in consultation. In any program design at least 35% of the time available should be spent on direct treatment.

Caseload sizes will vary with the type of cases selected, severity of disorder(s) and frequency of intervention. District decisions in this matter should be based on the ability to document acceptable dismissal rates where professional objectives are accomplished.

3.13.5 EVALUATION

School Districts should have an ongoing process to evaluate the effectiveness of their speech and language disorder program. Please consult the Ministry's publication Evaluation of Special Programs: Resource Materials for information on program evaluation.

3.13.6 PERSONNEL

A job description should be developed which reflects all the district's expectations of its speech/language pathologist(s).

Standards of training and practice of speech/language pathologists, as they exist at present in British Columbia, are documented by the B.C. Association of Speech/Language Pathologists and Audiologists and the Canadian Speech and Hearing Association. These professional groups have established criteria for membership eligibility which are recognized as employment standards by most agencies in the province.

People applying for speech and language pathology positions come with a variety of training. The accepted minimal standard of training in American universities and colleges is a master's degree (most American bachelor degree programs are "pre-professional" with insufficient course work in speech and language disorders and remediation techniques and insufficient practical experience to prepare for independent professional employment). The accepted standard from the United Kingdom, Australia and New Zealand is the Licentiate in Speech Therapy. Most graduates from Canadian bachelor degree programs qualify for membership in the two professional associations.

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For establishing salary levels, districts are advised to consult the scales established for speech therapists within the Public Service of British Columbia.

3.13.7 RESOURCES

Districts should attempt to ensure that speech-language pathologists have ready access to a basic inventory of instruments and materials enabling effective assessment and treatment. Specialized equipment and materials will be required to enable effective assessment and remediation for students with multiple handicaps.

3.13.8 FACILITIES

See B.C. School Facilities Building Manual Part 3, Design Guidelines.

3.13.9 CONSULTATION

The services of the Director and the Coordinator of Speech and Language Programs are available to assist school districts with programs for speech and language disordered students. They may be reached at:

Hearing Impaired and Speech Programs,
Division of Special Education,
Ministry of Education,
4196 West 4th Avenue,
Vancouver, B.C.
V6R 4J5
Phone: 224-4384

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STUDENT SUPPORT SERVICES

ROLE DESCRIPTION - SPEECH AND LANGUAGE PATHOLOGIST

CORE FUNCTION:

Speech and language pathologists provide services within the school environment, to those children whose speech and/or language problems have a significant effect on their educational and/or social progress. Services provided include assessment, direct therapy, consultation, and inservicing.

REPORTING:

The speech and language pathologist is responsible to the school Principal and the Assistant Superintendent-Special Programs.

DETAILS OF FUNCTION

a) To provide service to students with communicative disorders.

b) To identify accurately and efficiently those students who exhibit communicative disorders.

c) To determine, in concert with parents and teachers, through competent examination and diagnostic procedures and appropriate referral, the nature, etiology and severity of the specific disabilities of those students with communicative disorders.

d) To plan with the classroom teacher, and related school personnel, appropriate treatment program for those individuals identified as having communicative disorders; and arranges for the implementation of this program.

e) To apply at therapy program which effectively improves the students communicative ability, or assists teachers in adapting curriculum to meet the needs of these special learners.

f) To record and report progress and status of students with communicative disorders. Frequently the speech and language pathologist collaborates with school personnel in developing an Individualized Education Program (I.E.P.) This program accounts for the needs of these special learners in the classroom environment, including an outline of realistic learning objectives, learning and teaching strategies, appropriate learning materials, and pre/post-intervention assessment information.

g) To arrange and conduct workshops for teachers/parents on the nature of communication disorders, their impact on classroom performance, and teaching/learning strategies to promote improved communicative competence.

h) To function effectively and cooperatively with the local professional environment. This includes participation in school and district level committees (eg. Screening Committee for Special Programs), assessment teams and special programs, which include other members of Student Support Services, and school based teachers. It also includes participation in provincial curriculum development committees (eg. English Speaking and Listening Resource Committee).

i) To participate in a variety of activities which ensure his/her continuous professional growth, including Special Education course work and annual workshops attended by teachers (eg. Council for Exceptional Children, District Professional Development Workshops).

PROGRAM PERSONNEL

1. Masters Degree Speech and Language Pathology from a university with a recognized program.

2. Eligible for membership in the B.C. Speech and Hearing Association and the Canadian Speech and Hearing Association.

3. Effective communication and organizational skills.

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